

Intensive Residential Treatment Services (IRTS) Notification

1. Create a new Service Authorization or edit Member information (see [Getting Started](#)).
Note: All fields with a red asterisk are required.
2. Select “Behavioral Health (Group)” from the Authorization/Notification Type dropdown menu and select “Intensive Residential Treatment Services Notification” from the second dropdown menu.

Member				
PMI #	Last Name	First Name	Date of Birth	Soc Sec #
99999993	Member	Default	07/04/1920	

New Search

Authorization/Notification Type*

Behavioral Health (Group) ▼

Intensive Residential Treatment Services Notification ▼

Template (If you do not know which template to use please leave as No Template.)

No Template ▼

Load Form

3. Fill out the Submitter Information section in full and enter the Services Start Date and Anticipated End Date. (Note: Service Start Date defaults to the date the notification is being entered.)

Intensive Residential Treatment Services Notification			
A clinical update must be faxed to PrimeWest Health every month the member resides in the facility. Fax clinical updates to 320-762-5967.			
Submitter Information			
First Name*	Last Name*	Phone:*	Ext:
Provider1	Basic	() - -	
Email*			
provider1@test.com			
Service Start Date*		Anticipated Service End Date*	
08/25/2020		MM/DD/YYYY	
Start date is defaulted to today.			

4. Enter the Facility information and the Phone number.

Facility

Facilities have been broken out by City. Please use the Facility City to select the correct grouping of facilities.

Facility City

Facility*

Phone*

5. Enter the Primary Mental Health Diagnosis.

Primary Mental Health Diagnosis

Primary ICD 10 Code*

Diagnosis Description

Add Diagnosis

6. Attach supporting documentation and submit the notification to PrimeWest Health.

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File

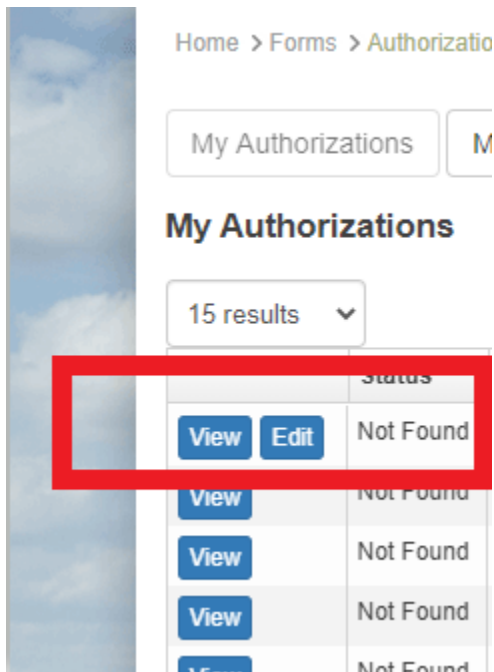
No file chosen

Add File

Submit

Cancel

- After the notification has been submitted, the notification can be edited to add the discharge date. On the My Authorizations page, select Edit next to the appropriate member.



- Enter the Discharge Date. (Note: Once the Discharge Date has been entered, the notification can no longer be edited.)

The screenshot shows a form with two date fields at the top: 'Service Start Date*' with the value '03/01/2020' and 'Anticipated End Date*' with the value '04/30/2020'. Below these is a 'Discharge Date' field, which is highlighted by a red rectangular box. The 'Discharge Date' field has a placeholder 'mm/dd/yyyy' and a calendar icon.

9. Attach discharge documentation and submit the notification to PrimeWest Health.

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

Already uploaded files

TEST.pdf

File*

Choose File

No file chosen

Add File

Submit

Cancel